



**CITY OF TEMPE NEIGHBORHOOD ENHANCEMENT SECTION
DECLARATION OF INCOME**

Print Full Name: _____

HUD Regulations require you to report **all** income and assets, (including property), currently being received, or that you know you will be receiving within the next 12 months, by all persons, related or unrelated, who are living in, or temporarily absent from, your household.

Failure to accurately report all income and/or assets can result in a denial of housing assistance.

Do you or other household members have, or anticipate having, any of the following:

YES NO

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Employment: ____full time ____part-time; (this includes temporary services) |
| <input type="checkbox"/> | <input type="checkbox"/> | Self-employed, includes odd jobs and babysitting |
| <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Disability Compensation (Workman's, State, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | T.A.N.F. (Temporary Assistance for Needy Families) |
| <input type="checkbox"/> | <input type="checkbox"/> | D.E.S. Child Support Payments (Pass-thru) |
| <input type="checkbox"/> | <input type="checkbox"/> | Child Support, Alimony, Spousal Maintenance |
| <input type="checkbox"/> | <input type="checkbox"/> | Foster Child Support or Adoption Support Payments |
| <input type="checkbox"/> | <input type="checkbox"/> | General Assistance, (G.A.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Social Security (S.S.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Supplemental Security Income, (S.S.I.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Veteran's Benefits, Disability or Pensions |
| <input type="checkbox"/> | <input type="checkbox"/> | Pensions, Retirement Benefits or Annuities |
| <input type="checkbox"/> | <input type="checkbox"/> | Checking Accounts (bank, credit union or other financial institutions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Savings Accounts (bank, credit union or other financial institutions) |
| <input type="checkbox"/> | <input type="checkbox"/> | Other Assets: stocks, bonds, certificates of deposit, notes, trusts, etc. |
| <input type="checkbox"/> | <input type="checkbox"/> | Military Pay and/or Allowances |
| <input type="checkbox"/> | <input type="checkbox"/> | Death Benefits |
| <input type="checkbox"/> | <input type="checkbox"/> | Insurance Settlements |
| <input type="checkbox"/> | <input type="checkbox"/> | College Grants, Scholarships, Stipends or Work Study |
| <input type="checkbox"/> | <input type="checkbox"/> | Government Funded Programs (WIN, CETA, VISTA, etc.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Real Estate or Income from Property and/or Business |
| <input type="checkbox"/> | <input type="checkbox"/> | Have you disposed of any assets in the last two years? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do you have any other income or assets not listed above? If yes, explain below: |

I/We certify the above information is full, true and complete to the best of my/our knowledge.

Head of Household: _____ Date: _____

Co-Head/Spouse: _____ Date: _____

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States as to matters within its jurisdiction.

